

Regional Interagency Coordinating Committee

Minutes from 11-16-05

1. Welcome/Any needed introductions:
Present: Kathy Perrin, Michelle Hougen, Lori Bergquist, Anna Bergman, Sandy McMerty, Kirsten McIntyre, Roxane Romanick, Vicki Peterson, Lorri Sandal, Cherie Mortenson, Kelly Spain, Deb Tibor, Dorothy Larson
2. Review of Agenda and Minutes/Questions on Updates
 - Page 2, first bullet - Connie suggested changing flier to billboard
3. State Performance Plan and Annual Performance Report Requirements
 - Roxane update the committee on what is happening on the federal level. Every state is required to turn in a State Performance Plan which is a six year plan for the State of North Dakota that addresses certain indicators. Roxane highlighted certain indicators that have been more controversial:
 - Kids that are found eligible and have IFSPs have to be tracked to see whether or not services get implemented in a timely manner. There was a State ICC meeting this week and the question on timeliness came up. The recommendation from the NDICC was that the lead agency should consider a timeframe of two weeks. The other problem with tracking the data for this indicator is whether or not this means measuring the services individually or all of the services on a single IFSP?
 - Initial IFSP completion should be at 100% compliance. This will continued to be complicated due to family schedules, getting hearing evaluations completed, etc.
 - In transition, the indicator will measure notification to Local Education Agencies (LEA) in a timely manner, was a transition outcome in place at their second birth date or as soon as they came in after their second birth date, and was a timely transition meeting held.
 - The State has to have a timely complaint procedure, timely response to hearing requests and all our federal documents have to be submitted in a timely manner.
 - We have six indicators that are not at 100%: % of children served under 3 and under 1, child outcomes and family outcomes. Growth targets have to be set. We are struggling with growth now and having difficulty maintaining ratios.
 - The state performance plans have to be in to the federal government by December 2nd.

4. Natural Environments Cluster

- Roxane has not pursued the childcare survey due to lack of time. The parent survey that was done did include a section on childcare. We asked parents if they were pleased, if their child has ever been asked to be removed from a childcare setting, and did they need help. The annual parent survey got a return rate of 25%. We did not do any focus groups at this point. Kathy suggested we look at who responded and whether or not those participants are a good representation of 100% of the parents. Roxane said it was primarily mothers, one father, one foster family and mostly parents that were newer to the program. Kathy suggested we might want to triangulate the results with additional information in other ways, even sending the surveys out again to other folks or a focus group from those other folks (fathers and those who have been in the program longer). Roxane said in the childcare piece four of the people who responded had to make a different decision because of their child's disability. Most were pleased with their current childcare. Dorothy said Sioux County has had several children denied of childcare because of their disability. Roxane asked if it has been out of a group care. Dorothy said most of them were. One child had a babysitter that said she could not deal with it.
- Roxane said the federal law requires services to be served in natural environments. The services that Early Intervention provides are imbedded in the child's routine in the day, so the service looks less like a clinic type service.
- Michelle passed around the file review checklist handout. She noted that she feels that the training by Geneva Woodruff has made a significant difference in implementation of services. This training required each Individual Program Coordinator to focus on two families on their caseload. This enabled staff to learn the process of a more in-depth family assessment as well as imbedding skills that the child needed to know and what the family wanted the child to work on into the daily routines. This encouraged staff to move from a direct therapy model to working more with the parent in how they can imbed learning opportunities into the family routine. In looking at files, improvements have been noted. Michelle has gone on a number of home visits and feels the targeted need for improvement at this time is writing outcomes. There is inconsistency across the state on exactly how outcomes are written, particularly in measurable criteria. Dorothy asked about percent of consents for evaluation present and signed by parent and whether that shouldn't that be 100%? Michelle said the form itself was missing. They have a summary form at staff meetings. After a child is evaluated, they compile a results summary of who did the testing, what tools were used, and what the scores were. In order to show

that parents have reviewed this information, there is a parent signature at the bottom of the form. In some cases, the evaluation consent was not in the file. Michelle noted that yes it should be at 100%, but it isn't.

- Data Report
 - Michelle said the current IPC ratio for full time people have been between 20-24. Roxane said the ratio on data report is the state standard 1 staff to 11 cases. Case management ratio is 1 to 80-85. Sandy asked if you're showing continued high caseloads, does that foster more funding? Lorri said the face to face contact has to be between 110-120 hours a month. All case managers have to be at or above level before they can hire anybody new.
- Reviewed Compliance Data and Report on Quality Improvement Plan Action Steps re Natural Environments
 - #6 Compliance Data - Roxane said they did not have a baseline for that. The number one thing that they did do was look at the population serving outside of Burleigh. Right now we are serving 187 who are eligible and have an IFSP, getting 52 referrals a quarter. Roxane said that currently is difficult to get speech and language consultation to the eastern parts of the region. We continue to need additional speech therapy staffing.
 - #10 Compliance Data - Family subsidy is direct cash to meet excess medical needs that budget until the child turns 3 is pretty adequate after 3 it is not. There is a waiting list for respite care family support over 3.
 - #14 Compliance Data - community accessibility issue - did not get overwhelming results or concerns noted on parent survey.
 - Change to Action Step #1A - Change to "Explore non-traditional strategies for meeting needs in rural areas" (Dorothy raised the idea of collaborating with university partners. USD flies out to rural areas of South Dakota for experience.) Change review date to 11-06 and ongoing
 - Change to Action Step #1B - Change to "Continue to encourage..." (possible other ideas brainstormed: county polycom sites, coordinate with the county public health units). Change review to 11-06
 - Change to Action Step #1D - Review to 11-06
 - Change to Action Step #2 - Change to "Conduct an annual review of 25% of the files to ensure that services are imbedded the child's natural environment and family's community environment is accessible". Review to 11-06

- Change to Action Step #4 - Change to "Develop collaborative working plan with Child Care Resource and Referral to address parent and staff training needs". Timeline: 7-06
- Delete #5
- Change to Action Step #6 - Change review to 8-06-06

5. Family Centered Services

- Reviewed Report on Compliance Data and Quality Improvement Plan
Action Steps re Family-Centered Services
 - Change to Action Step #1 - change to "Recommendation to increase Experienced Parent Time" Review 2-15-06
 - Change to Action Step #2 - Change to "continue to update". Review 11--06
 - Change to Action Step #3B - To read "Guidelines/indicators re: quality EI services will be developed in "alternate formats" and distributed to families. Review 11-06
 - Change to Action Step #3C - Change review to 11-06
 - Change to Action Step #4 - Change to "Add directory of pediatric service staff/EI staff to parent binder". Timeline: 11-06
 - Change to Action Step #5 - Change to "Hold annual meeting with all pediatric interventionists to discuss issues relating to service needs for infants and toddlers in Region VII." Timeline: 11-06
 - Add Action Step #8 - Develop and add written information regarding a change in staff for parent binder. Timeline: 7-06

6. Agenda Topics - February 15th meeting

- Review membership
- Review general supervision cluster
- Election of committee chair(s)
- Discussion of RICC priorities

7. Adjourn